THE CITY of Statesville NORTH CAROLINA

# City of Statesville Jurisdiction
# ZONING APPROVAL

**For building permit application** 704-878-3575

## General Information

| | | | |
|---|---|---|---|
| Job Address | 506 CENTRAL DRIVE | Permit Number | 213622 |
| Owner | DEAL DENNIS M | Tax Map | 4724763028.000 |
| Owner Addr. | 576 SNOW CREEK RD | Zoning | R-20 |
| | STATESVILLE NC 28625 | Flood Hazard Area | |
| Phone No. | | Historic District | |
| Contractor | DENNIS DEAL | Architect | |
| Address | 576 SNOW CREEK RD | Address | |
| | STATESVILLE NC 28625 | | |
| Phone No. | 704-902-3978 | Phone No. | |

**Type of Application** NEW SINGLE FAMILY - STATESVILL

**Utility Source**

Electric
Water
Sewer

**Required Information**

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

| | | | | | |
|---|---|---|---|---|---|
| | Lot Dimensions | | Required Parking | Setbacks | |
| | Structure Size & | | Landscaping | 35.00 | Front Yard |
| | Location | | Utility Clearance | 35.00 | Rear Yard |
| | Easements | | TRC Review | 35.00 | Right Yard |
| | Flood Certification | | Other | 12.00 | Left Yard |
| | Driveway Cuts | | | | |

**Department Approval**

Planning Department A.A.W. 9/17/15 Public Works

**Comments: SINGLE-FAMILY HOME SEE ATTACHED FOR SETBACKS**

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

X Dennis Deal
Applicant Signature

09/17/2015
Date

